RICHARD L. ROUDEBUSH VA MEDICAL CENTER POST GRADUATE YEAR TWO (PGY2) AMBULATORY CARE & PGY2 AMBULATORY CARE/EDUCATION RESIDENCY APPLICATION COVER SHEET

NAME:			
Last	First	First Midd	
ASHP Matching Number: _			
This application is for: ☐ PGY2 Ambulatory Care	☐ PGY2 Ambulator	y Care/Education	□ Both
□* Permanent Address:			
	Street		
	City	State	Zip
	Telephone Number		
□* Present Address:			
	Street		
	City	State	Zip
	Telephone Number		
*Please indicate your preferred m	ailing address during the recruit	nent process (Decembe	r-March)
E-mail address:	_		
Cell Phone: ()	Pager:	Number: ()	
	Please address correspon	dence to:	

Please address correspondence to:
Susan D. Bex, Pharm.D., BCACP
Co-Director, PGY2 Ambulatory Care Residency Programs
R.L. Roudebush VA Medical Center
Pharmacy Department (119)
1481 West 10th Street
Indianapolis, IN 46202-2884

This application must be submitted ELECTRONICALLY and uploaded onto PhORCAS.

Keep the entire application, the cover page and questions, to a maximum of 5 pages.

Your curriculum vitae is considered a separate document and can be as long as needed to provide all information requested on the next page.

CURRICULUM VITAE

Please upload your curriculum vitae into PhORCAS.

the following information somewhere in your curriculum vitae, where
less you provided the information in another location within PhORCAS:
Education
Professional work experience (describe your responsibilities and specific
experiences and include employer, dates of employment, and job title)
Other work experience (include employer, dates of employment, and title)
Certifications
All completed rotations, including length of rotation, site location, preceptor, and
a short description of unique activities & responsibilities
All rotations to be completed, including dates for completion, site location, and
preceptor
Presentations given, medical team talks or topic discussions led, journal clubs
presented
Poster presentations given
Publications or other written work
Research experience/projects
Teaching experience, including lectures, labs, preceptorship activities, and
student topic discussions.
Professional organization membership (include activities, years of involvement,
and committees and leadership positions held with dates)
Non-Pharmacy organization membership (include activities, years of
involvement, and committees and leadership positions held with dates)
Community service activities
Recognitions and honors

APPLICATION QUESTIONS

1. Please describe your ambulatory care experiences to date. Please include the setup of the Clinical Pharmacist's involvement in the clinic (i.e. clinic setting, number of patients seen each day, length of appointments, and your level of responsibility during the experience). If you have not had any ambulatory care experiences yet as a PGY1, but it is occurring later in the residency year, please comment on the expected experience.

Describe a confrontational situation that you have had with a prescriber or another individual. How did you resolve the issue?
Describe a time when you took the initiative to implement a project/activity, etc, that was beyond the requirements of your residency program.
Describe a difficult interaction that you had with a student. How did you resolve the issue?

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5. What are your short-term (5 year) career goals, and how do you see this residency program helping you achieve those goals?